


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90136 011 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                  |                                                          |                                                                                          |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # N17586</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                  |                                                          |         |                                   |
| 1. Entity Name<br>THE COVE AT LEMON BLUFF OWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                  |                                                          |                                                                                          |                                   |
| Principal Place of Business<br>500 TABATHA DRIVE<br>OSTEEN, FL 32764                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                  | Mailing Address<br>500 TABATHA DRIVE<br>OSTEEN, FL 32764 |                                                                                          |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                  | 3. Mailing Address                                       |                                                                                          |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                  | Suite, Apt. #, etc.                                      |                                                                                          |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                  | City & State                                             |                                                                                          |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country            | Zip                                                                              | Country                                                  | 4. FEI Number<br>59-2910939                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                  |                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                  |                                                          | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                  |                                                          | 7. Name and Address of New Registered Agent                                              |                                   |
| WHITAKER, ROBERT<br>601 TABATHA DR.<br>OSTEEN, FL 32764                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                  |                                                          | Name                                                                                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                  |                                                          | Street Address (P.O. Box Number is Not Acceptable)                                       |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                  |                                                          | City                                                                                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                  |                                                          | FL Zip Code                                                                              |                                   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                  |                                                          |                                                                                          |                                   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                  |                                                          |                                                                                          |                                   |
| Filing Fee is \$61.25<br>Due by September 8, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                          | \$5.00 May Be Added to Fees                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                  |                                                          | Make check payable to Florida Department of State                                        |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                  | <input type="checkbox"/> Delete                                                  | TITLE                                                    | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WHITAKER, ROBERT   |                                                                                  | NAME                                                     |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 601 TABATHA DR.    |                                                                                  | STREET ADDRESS                                           |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OSTEEN, FL 32764   |                                                                                  | CITY-ST-ZIP                                              |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP                 | <input type="checkbox"/> Delete                                                  | TITLE                                                    | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STUTTS, TOM        |                                                                                  | NAME                                                     |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 515 TABATHA DR.    |                                                                                  | STREET ADDRESS                                           |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OSTEEN, FL 32764   |                                                                                  | CITY-ST-ZIP                                              |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP                 | <input type="checkbox"/> Delete                                                  | TITLE                                                    | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STUTTS, JOAN       |                                                                                  | NAME                                                     |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 515 TABATHA DR.    |                                                                                  | STREET ADDRESS                                           |                                                                                          |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OSTEEN, FL 32764   |                                                                                  | CITY-ST-ZIP                                              |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S                  | <input checked="" type="checkbox"/> Delete                                       | TITLE                                                    | <input checked="" type="checkbox"/> Change                                               | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VELAZQUEZ, MARILYN |                                                                                  | NAME                                                     | SECRETARY                                                                                |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 720 WILD ACRES     |                                                                                  | STREET ADDRESS                                           | ROBERTS, MICHELLE                                                                        |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OSTEEN, FL 32764   |                                                                                  | CITY-ST-ZIP                                              | 529 TABATHA DR.                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                  | <input checked="" type="checkbox"/> Delete                                       | TITLE                                                    | <input checked="" type="checkbox"/> Change                                               | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GALLOWAY, GREG     |                                                                                  | NAME                                                     | DIRECTOR                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 600 TABATHA DR     |                                                                                  | STREET ADDRESS                                           | SECOR, BILL                                                                              |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OSTEEN, FL 32764   |                                                                                  | CITY-ST-ZIP                                              | 715 WILD ACRES RD.                                                                       |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                  | <input checked="" type="checkbox"/> Delete                                       | TITLE                                                    | <input checked="" type="checkbox"/> Change                                               | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HARDIN, WILLIAM    |                                                                                  | NAME                                                     | DIRECTOR                                                                                 |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 539 TABATHA DR     |                                                                                  | STREET ADDRESS                                           | POITRAS, CHARLES                                                                         |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OSTEEN, FL 32764   |                                                                                  | CITY-ST-ZIP                                              | 755 TABATHA DR.                                                                          |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                    |                                                                                  |                                                          |                                                                                          |                                   |
| SIGNATURE: <i>Robert Whitaker Pres.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | 7-10-06                                                                          |                                                          | 407-328-3099                                                                             |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | Date                                                                             |                                                          | Daytime Phone #                                                                          |                                   |



07102006 Chg-NP CR2E037 (4/06)